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ART. I.—ON SOME STATES WHICH RESEMBLE INFLAMMATION.

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It is strange that, while the cultivators of medicine are so numerous, and their zeal and assiduity so thoroughly unwearyed, it should still be a matter of question whether the art be now in a progressive state. The more general and perhaps the nearly unanimous opinion is, that medicine is advancing with a steady progress to perfection, but, meanwhile, a few names, not undistinguished in science, maintain that there is no real progress, or only progression in the circumference of a circle, that is, constant motion, but, at the same time, constant return to the position formerly occupied. Dr. Francis Home, in his Treatise on Croup, published in 1765, observes that "the science of medicine has been gradually advancing for the 2000 years past, and is now brought to a great degree of improvement, perhaps to as great, every circumstance considered, as the difficulty of the art, the limitation of the human faculties, and the continual attempts to further refinement, too often conducted merely by fancy, will admit of." We smile at the boast of Dr. Home, and think of the improvements and discoveries since his day; but we are as ready to plume ourselves as he was on the existing state of medicine, and we find nearly his own expressions made use of by writers of the present period. But what are the real facts of the case? Is medicine truly progressive, or is it stationary?

When we think of medical hypotheses, we may very readily adopt the latter opinion. We observe now the same restless search after first principles, and the same disposition to gather these from a few observations, which characterised the more ancient physicians; and even the younger members of the society will recollect opinions started by their zealous inventors as irrefragably certain, which a very few years have first undermined and then demolished. With regard to new diseases, do we not find hints of almost every one in the older authors, and do not the critics of the present day often detect in this way the plagiarism of modern discoverers? If we turn our attention to remedies, we find much to discourage our boastings. Disease appears to be as rife as it was in former days, and our vaunted improvements in the *materia medica* have not made death less frequent than before, have not added to the average duration of human existence. Increased longevity has not yet been attained, and if there be any diminution in the rate of mortality, it is attributable, not to the increased power of medicine, but to those happy arrangements of modern civilised society which have prevented the frequent occurrence of famine and of its

¹ Edinb. Med. and Surg. Journal, Oct. 1839, p. 342.

usual attendant, pestilence, which have provided for the more perfect clothing of our people, and the greater cleanliness of their dwellings. Chemistry has, indeed, done her best in analysing and combining various medicinal agents, and every now and then some bright idea, some splendid panacea has been elicited from the laboratory like a spark from its furnace; but the *currus triumphalis* of the one has been scarcely more lengthened than the blaze of the other. Whether we inquire as to the discovery of what was before unknown, or as to the actual power which medicine now possesses in controlling disease and adding to human happiness, as compared with that of other times, we are hurried into conclusions which tend to nearly universal scepticism.

And yet there must be some fallacy in this reasoning, for our knowledge of the animal structure and of the bodily functions has received large accessions. If we are not better acquainted with the proximate causes of diseases, we are at least much better acquainted with their effects, from the study of morbid anatomy. We possess all the remedies which were known to the ancients, and many new ones of great power have been discovered by the researches of modern observers. The possession of knowledge does, to a certain extent, imply the possession of power: and hence we must necessarily have more power in the cure of disease.

But while it is undeniable that our science has made advances in modern times, yet it appears to me that the principal improvement which has taken place is, that a greater number of practitioners are now masters of the existing knowledge, and hence that a greater number of practitioners are, not discoverers, but intelligent and industrious appliers of the discovered truths, both as to diseases and their remedies. I infer this from the increased means of instruction possessed by the profession, both in the schools and by the extended diffusion of medical literature. Formerly knowledge was more difficult of access, and only the men of original genius or of unusual assiduity could acquire much of it; but it is now open to men of more ordinary minds and of more common-place habits.

We must never forget, however, a circumstance which influences all our opinions on this matter; I mean that each practitioner is himself in a state of progression. If he be a man of even common observation, every day is adding to his stock of knowledge; not only to that which is derived from books, but to that more precious knowledge which is gathered from experience, which each man learns for himself, and which no man can communicate to another. It is this which is daily changing, and at length revolutionising the mind of each practitioner, and by virtue of which he differs more from what he was twenty years ago than he does from the practitioner of the bypast century.

There can be no doubt that the difference between the more experienced physician or surgeon and others consists mainly in the correctness of his diagnosis. The application of the remedy to the ascertained disease is comparatively the easier process. It requires, indeed, no great skill to determine that one patient is afflicted with dropsy, that another has palsy, that a third is affected with fever, that a fourth suffers from dyspepsia. But what organic lesion has given rise to the watery swelling, what is the state of the brain indicated by the palsy, how the vital organs are affected in the individual case of fever, whether the dyspepsia be functional merely or organic—these are questions which, to be answered correctly, call for the enlightened skill of the most accomplished practitioner. Upon the diagnosis will the treatment depend, and that treatment will influence the life, or at least to a great extent, the well-being of the patient. The disease itself may have been ascertained, but the stage at which it has now arrived requires also to be determined: for the treatment which was appropriate at one period may be inert or detrimental in the subsequent progress of the case.

A considerable number of diseases are inflammatory, or at least consist of that congestion of the vessels which frequently passes into the state of in-

flammation. If we reckon up the various tissues of the body, and recollect that every one of them is susceptible of inflammation, acute, subacute, or chronic, the number of cases occurring in a climate such as ours cannot be matter of wonder. To take only one example. The lungs comprise at least three tissues, the investing membrane, the lining membrane, and the parenchyma intervening. Each of these is liable to inflammation, and hence we have pleuritis, bronchitis, pneumonia. But each of these forms of disease is modified as to activity and duration, besides the peculiar constitution which each individual possesses; and each of these modifications demands its appropriate mode of treatment.

When inflammation occupies any of the external parts of the body, its presence is characterised by the signs of redness, pain, heat, swelling. These are present to a greater or less degree, in every example, and their conjoint existence is necessary to constitute inflammation. When one of the internal organs is affected, as we have no opportunity of using the senses of sight and touch, we infer the existence of inflammation from pain in the affected part, disorder in its function, and the febrile state. These, however, are not infallible signs of inflammation. There are many circumstances which mask the real nature of the disease, and lead away the attention from it to some of its consequences, or to some accidental symptoms which are connected with it. Again, there are various affections which simulate inflammation, assuming some of its characters, and thus leading to a treatment that is inappropriate. Some of these are more important than others, but in every one of them a correct diagnosis insures a correct treatment. It is my wish to call the attention of the society to some examples of this, and although I have nothing to communicate which is not already known to many of its members, yet the frequency with which errors are committed regarding it, (many of which have been committed by myself,) leads me to believe that the attempt will not be uninstructive.

1. The most obvious example of a diseased state resembling inflammation, and yet calling for a very different treatment, is *chilblain*; and I mention it first, because it is so obvious, and because there is no difference of opinion among surgeons about it. It is always attended by redness, swelling, a tingling pain, and the sensation of heat, even though there is no actual increase of temperature. So far it resembles cutaneous inflammation, but it is never treated as such; and we all know that to detract blood from the part, or to apply the warmth and moisture of an ordinary poultice, would be likely to produce sloughing or unhealthy ulceration. It is treated by stimulants and anodyne applications, and these are found beneficial not only in the primary affection, but in the ulceration which so often succeeds. In cold weather we often observe an approach to the state of chilblain in the purple-coloured hands and feet of children and invalids. Insane patients are especially liable to it; indeed, with them and many others it is observed in weather when no real chilblains are to be met with. In scrofulous children, in young females with imperfect menstruation, in old victims of intemperance, the purple countenance, hands, and feet, are of common occurrence, and all mark a languor in the capillary circulation which is to be removed, not by local or general depletion, but by the judicious use of a stimulant and nutritive diet. This purple colour of the surface is sometimes designated as a florid complexion; but it is essentially different from a natural bloom, or from healthy plethora (if such a term be admissible,) and generally indicates a state of the body in which great depletion is not well borne. There may seem to be no great connection between chilblain and erysipelas; but it will be convenient to place under this head some remarks on the latter disease. Many cases of erysipelas are examples of genuine inflammation, having all the characteristics of that state, and passing regularly through its various consequences of effusion, suppuration or gangrene. But there are other cases which in their origin, progress, and termination, are altogether different. They often proceed from mere gastric irritation,

(as urticaria usually does,) and are removed as rapidly as they first appeared, by remedies directed to the digestive organs. The tendency of erysipelas to migrate from one part of the surface to another, or suddenly to be translated to an internal organ, leaving the first seat of attack entirely free from disease, marks it out as somewhat different from common inflammation. And, while energetic treatment is sometimes indispensable to preserve the limb or even the life of the patient, the very common (once the universal) practice of merely covering the affected part with dry flour, indicates very significantly that, in other cases, the do-nothing practice is quite sufficient. The truth is, that under the name of erysipelas we comprehend several affections different from each other, and it is very desirable that they should be distinguished more correctly than they are.

2. *Chronic rheumatism* has no claim to be called an inflammation, and is rather a consequence of that state; but it consists of severe pain, and the affected joints are always more or less swelled. It is a very intractable affection, often tiring out the patience of the practitioner, and affording a favourable opportunity for the empiric. Leeching has sometimes been tried, but seldom with any benefit, and the treatment which is most approved consists in counter-irritants, alteratives, the warm bath, and the assiduous application of the hand-cure by shampooing. Acute rheumatism is generally treated in part by blood-letting; but the rule laid down by authors as to the treatment of internal inflammation, viz. that we are to bleed so long as the buffy coat appears on the blood drawn, is quite inapplicable to this disease. This appearance is shown after every bleeding, and is not less characteristic even when the patient is exhausted to an extreme degree. This circumstance marks out rheumatism as differing from other inflammations; and the capricious nature of its movements, deserting one joint, which it leaves free from uneasiness, and attacking another which had previously been so; and then suddenly leaving all the external parts to attack the pericardium, would lead us to hesitate before we adopt the rule of bleeding for effect.

3. *Pleurodyne* is an affection of the muscles covering the sides of the thorax, or of the intercostals. It consists in severe pain increased on inspiration. It is sometimes a mere sprain of those muscles produced by some unusual effort, but often it is the result of cold, is attended with catarrh, and hence there is more difficulty in distinguishing it from pleurisy. The chief means of doing so are, that in pleurodyne the pain is more severe, is increased by muscular exertion, and usually abated by pressure, while in pleurisy there is a quickened pulse and other symptoms of febrile action. In pleurodyne the relief afforded by the pressure of the hand, or the support of a bandage or plaster, is astonishing. Some eminent men have considered the state of the pulse as the best index of the real nature of the case. The second Monro was in the habit of remarking, that whenever he found inward pain along with a quick pulse, he always found blood-letting advantageous. It is certainly a valuable guide, and I lately attended a case which I considered a muscular affection, and treated accordingly; but where the quick pulse suggested another opinion, and the decided relief which followed a full bleeding, rather showed that that opinion was correct. It is possible that in that case the pleurodyne did exist, but speedily passed into the pleuritis. The popular opinion, that the lancet affords the appropriate remedy for every "stitch in the side," is so very strong, that it is difficult to refuse the patient's request. No great evil follows the practice when the patient is a stout labouring man; but when a delicate female is the sufferer, she may be materially injured by a full bleeding, and hence it is wise to insist on the more suitable remedies.

4. *Rheumatism of the abdominal muscles* often resembles inflammation of the peritoneum, and the diagnosis is of great importance. There is in both tenderness to pressure, (the absence of which characterises colic;) there is great difficulty of moving, either turning in bed or rising up to the

sitting posture ; there is often nausea and vomiting, and the grinding uneasiness among the intestines, showing that their functions are in disorder ; and there may be constipation tending further to confuse the practitioner. In such a case the diagnosis will be derived mainly from the pulse. In peritonitis the pulse is always accelerated ; sometimes it is more wiry in its beat, sometimes more thready ; but in the muscular affection the pulse is not necessarily quickened, and when the patient has been quiet for a little while, not disturbed by motion or agitated by alarm as to danger, it will be found nearly natural. Pressure, too, may furnish some assistance to the diagnosis, because while a light pressure may, as in peritonitis, cause severe pain, on the continuance of the pressure, the pain does not increase as it invariably does in that disease, but rather becomes more tolerable, and to such an extent as even to invite its repetition.

Perhaps the very state of mind of the patient may offer a useful hint to the practitioner. It is well known that in peritoneal inflammation there is always severe suffering, but there is frequently a degree of mental calmness which continues even through the whole course of the disease ; on the other hand, in many of the cases referred to as simulating that disease, there is hurry, anxiety, impatience, indicative of the nervous or hysterical temperament. That true inflammation may coexist with the hysterical state is undeniable ; but in a large number of cases of this kind, the presence of pain will mark, not the genuine, but the simulated disease.

5. *Headach* arising from a disordered stomach is well known to every one. Every one has either felt or observed the acute pain which follows repletion from the ordinary viands of a dinner table, or excess in vinous liquors. But no one could suggest blood-letting as the remedy, although the local pain, the quick pulse, the disordered functions of every part of the system would at first seem to call for its employment. Experience shows us that an emetic, a purgative, a stimulant of another kind, sometimes mere abstinence from food, restores the healthy state of the stomach, and removes all the unpleasant sensations from the head.

Probably there are other cases of pain in the head originating in the same cause, (disordered digestion,) which we are too apt to view as inflammatory in their nature, and as calling for the detraction of blood. The pain in hemicrania, fixed as a nail in one spot of the head, and usually intermittent in its character, is such an instance. It is generally a symptom of deranged digestion, and calls for regulated diet, purgatives, and quinine. It does not call for blood-letting, and although it is sometimes relieved by loss of blood, this is no proof of its being the best treatment. Yet cases do occur not unfrequently in which the severity of the pain, and the immediate relief afforded by leeches, draw away the attention both of the practitioner and patient from the real seat of disease, the stomach and bowels. The perfect recovery which occurs in such cases is to be ascribed more to the native vigour of the system, enabling it to bear with impunity an injury inflicted, or rather to the regulated diet and medicinal remedies which are intended to be used as auxiliaries, but which are in effect the principal agents in the cure.

In cases of this kind there is no imminent danger to life, and, of course, the error in treatment is not seriously prejudicial ; but in *delirium tremens* and in mania, the hazard is much greater. In the former affection pain is not a constant symptom, but it is a frequent one, and whenever the patient's attention is diverted for a little from his imaginary cause of alarm, uneasy sensations in his head are invariably referred to. I need not say that, notwithstanding such symptoms, blood-letting is not the approved remedy ; and that while there are cases in which it is borne without injury, in which perhaps its employment is demanded, in a large majority of instances, remedies of a very different character are found most beneficial. Narcotic stimulants, counter-irritants, and purgatives are used with the best effects ; whereas blood-letting has not unfrequently retarded the recovery, or even

hurried on a fatal termination. There is reason to believe that in some cases of suicide, committed under the influence of the alarm or depression attending *delirium tremens*, the hemorrhage has proved fatal, although it had proceeded to only a moderate extent.

There are cases of mania to which the same remarks are applicable. Cerebral excitement and vascular turgescence are present to a considerable degree; there are urgent and alarming symptoms, but there is no real inflammation, and blood-letting is not the appropriate remedy. It requires some fortitude to withhold the lancet in these cases, but the practitioner is well rewarded for his forbearance, by finding a more rapid and more complete recovery. I have no intention to proscribe blood-letting in all cases of mania; but cases such as I have referred to are of pretty frequent occurrence.

6. But perhaps the *epidemic influenza* offers the most striking illustration of the principle which I am insisting on. Ample records have been preserved of this curious disease as it appeared in 1782 and 1803. Since that time we have all had opportunities of observing it in 1833 and 1837. It was a febrile disease with severe local symptoms, lasting for three days, and terminating by profuse perspiration. This description applied not to all, but certainly to nine-tenths of the cases observed in Edinburgh. The commencing febrile symptoms were so violent that they seemed to mark an attack of continued fever. The local symptoms, which were most severe on the second day, and which were usually referable to the organs of respiration, seemed to indicate an alarming inflammation of some one of these. They would have called for bleeding under any other circumstances; but bleeding was scarcely ever had recourse to, and when it was employed, it was not so much for the original disease, as for a modification or sequela of it. With a quick and hard pulse, a hot and dry skin, severe headache and constant cough, nothing would have justified the neglect of blood-letting, but the certainty that it was influenza, and not real bronchitis or pneumonia, and that in a few hours it would pass off under other remedies.

7. *Continued fever* is perhaps the most important, as being the most extensively fatal of all diseases. I am desirous of making the preceding remarks on other diseases, bear upon it; but the notice at present must be very short. When we consider that a large proportion of recoveries take place without leaving any morbid sequela behind, and that in many of the fatal cases, no disorganisation of structure can be detected, it is highly probable that fever differs from inflammation in its pathology. Inflammation leads to morbid degeneration in a large number of cases, and these become apparent, whether recovery takes place, or the termination be fatal. Now, inflammatory symptoms are present in almost every case of fever. Some one organ is peculiarly affected with pain and disturbance of its functions. The symptoms call for watchful anxiety on the part of the medical attendant, but they do not follow the course taken by idiopathic inflammation, and they yield to remedies of no great efficacy, or, at least, to a much smaller loss of blood than such an inflammation would demand. No one would leave pneumonia to the measures which are unhesitatingly had recourse to in the local affection of fever; and hence, we must infer that the two diseases are different in their nature.

I have now mentioned several forms of disease (and additional examples will perhaps suggest themselves to other members,) in which there are symptoms resembling those of inflammation, but which a careful observer will be able to distinguish from them. They indicate, indeed, a different disease or stage of disease; sometimes a merely congested state of the blood-vessels, which may easily pass into inflammation; sometimes a state which is rather a consequence of inflammation; sometimes a local affection entirely *sui generis*; sometimes a congeries of local symptoms not arising from local disease, but symptomatic of disease in a remote part of the body. The resemblance to inflammation is sometimes so great as to perplex and

agitate a young practitioner; and the importance of a right diagnosis is so much the greater, because the treatment appropriate to inflammation is prejudicial here. The eagerness with which we bleed in all cases supposed to be inflammatory, the anxiety with which this remedy is even called for by the patients, make it the more necessary that we should commit no mistake. True it is that the ruddy complexions and robust constitutions of many of the patients, assure us that they will get no harm from the loss of blood, and that possibly it may do them good, at any rate. But these, I think, are only a small portion of the patients who apply to us under such circumstances. A large number are females of irritable and hysterical habits, men whose powers have been debilitated by a course of intemperate indulgence, or half-nourished children of the poor, whose strength is deficient, instead of superabundant. To abstract blood, in any considerable extent, from such patients, will incur the risk not only of allowing the present illness to continue unsubdued, but of leading to organic disease, of bringing on confirmed mania, and even causing premature death.

I am quite aware that the converse of this statement is equally true. Real inflammation is frequently subacute in its attack and insidious in its progress, so that the practitioner is thrown off his guard, and allows the disease to produce irremediable mischief. Many such cases there are, where organic disease has been mistaken for mere functional derangement; where subacute inflammation of the cerebral membranes has been allowed to proceed unchecked to fatal effusion; where pneumonia has been imperfectly recognised, and therefore, imperfectly treated; where peritonitis has been mistaken for colic. But these examples are just proofs of the necessity of careful observation on the part of the practitioner, and show not only how much caution must be exerted, but how much alertness should be manifested with regard to every case which is placed under his care. The routine treatment which is so frequent in the profession, and which the indolence of advancing years is so apt to produce, is generally the consequence of an imperfect education, and of misimprovement of the advantages possessed in youth. The best safeguard is for a young man early to acquire habits of careful observation, of taking nothing for granted, and of seeing every thing with his own eyes; and while he pays a due regard to the experience, and even to the opinions of his seniors, to observe for himself and to think for himself; above all, to allow no symptom to pass by unheeded, and to ascertain, so far as he can do, the effect of every remedy which he employs on his patient.

[We extract the following account of a new remedial agent from one of our periodicals just received. The whole tone, however, of the article savours too much, in our opinion, of enthusiasm.—ED.]

ART. II.—ON THE EMPLOYMENT OF A NEW VEGETABLE, MONESIA, IN MEDICINE.

BY DR. G. J. MARTIN ST. ANGE.¹

A vegetable substance, called *monesia*, has lately been imported from South America, in the form of hard thick cakes, weighing about five hundred grammes (9215 grains.) These loaves, which are flattened, and have paper of a yellow colour adhering to them, are composed of the extract, prepared in the country, from the bark of a tree whose botanical name is not known. M. Bernard Derosne, the druggist who introduced it, informs me that some travellers call the *monesia* bark *goharem*, and others *buran-*

¹ Lond. Med. Gaz., Dec. 20, 1839, p. 491.

hem. But what is of more importance is, that the naturalists who have examined it think that the tree which furnished it is a chrysophyllum.

The extract is of a deep brown, and very friable; when broken it looks like a well-roasted cacao nut. It is entirely soluble in water, and its taste, which is at first sugary like liquorice, soon becomes astringent, and leaves behind a well-marked and lasting acid taste, which is particularly felt in the tonsils.

The bark of the monesia is smooth and grayish, like that of the plane tree, with this difference, however, that it is much thicker, that its fracture is imbricated, and that its sweet taste forms a strong contrast with the bitterness of the thin laminæ which are detached from the plane.

The chemical analysis of the bark of the monesia, and of the imported extract, according to MM. Bernard Derosne and O'Henry, has demonstrated the presence of the following soluble principles:—1. Chlorophylle; 2. vegetable wax; 3. a fatty and crystallisable matter; 4. glycyrrhizine; 5. an acrid and somewhat bitter substance; 6. a little tannin; 7. an unexamined organic acid; 8. a red colouring matter, resembling that of cinchona; 9. phosphates of lime, with organic acids.

The pharmaceutical preparations which have been made with this substance are—1. an aqueous extract; 2. a syrup, containing thirty centigrammes ($5\frac{1}{2}$ grains) in the ounce; 3. a hydro-alcoholic tincture, containing two grammes (37 grains) per ounce; 4. chocolate, containing thirty centigrammes ($5\frac{1}{2}$ grains) in each cake weighing three decagrammes (7 drams, 49 grains); 5. an ointment, containing an eighth part of its weight of extract; 6. monesine, being the acrid substance mentioned in the analysis.

The extract contains about eight per cent. of glycyrrhizine, and twenty per cent. of acrid matter.

I now come to my cases, the general results of which may be stated as follows:—

Monesia, when exhibited internally, in the dose of from 75 to 125 centigrammes (14 to 23 grains) of the extract daily, for eight or ten days, whether in the form of pill, tincture, or syrup, has an immediate effect upon the digestive passages, and quickens the action of the stomach in a very remarkable manner. If the dose of the remedy is pushed to four grammes (74 grains) of the extract daily, for fifteen or twenty days, the appetite increases, but the patients sometimes experience a feeling of heat in the epigastrium: ¹ tenesmus and obstinate constipation may also come on; hence its action upon the digestive tube should be moderated by diminishing the dose according to the effect produced, and administering emollient or laxative clysters, as may be required.

Monesia ointment may be employed externally upon sores, in every case, but with more or less success, according to circumstances: thus I have seen it succeed in large and excessively painful ulcers, arising from the action of blisters, in sores produced by burns, in varicose ulcers and old wounds; in a word, whenever the sore is painful, and depends on a merely local affection. When this is not the case, and the ulcer is kept up by syphilis, scrofula, scurvy, or cancer, it is impossible to effect a permanent cure by merely applying the monesia ointment, washing the sores with the tincture, or sprinkling them with the extract or acrid principle contained in it. Yet, by employing these different preparations in a proper manner, we may hope to modify the sores, and even to cure them for a time. Generally speaking, the ointment, when applied to a sore, calms the local pain; the tincture thus used, produces a sensation of heat, which ceases immediately; the powdered extract more or less excites the sore, and the acrid principle in powder, when well prepared, has a special activity greater than caustic; hence it is a powerful remedy against fungous or atonic ulcers of a bad ap-

¹ Showing that it *does* irritate the stomach, contrary to the assertion made a few lines before.—TRANSLATOR.

pearance; but as soon as these sores become painful, and especially when they are covered with a whitish pellicle, the use of the acrid principle should be discontinued; for it is usually this pellicle which, by preserving the surface of the sore from contact with the air, and perhaps by becoming partly organised, produces cicatrization.

I have said expressly, that it is impossible to obtain a lasting cure of syphilitic or cancerous sores by the mere external use of this remedy; in such cases, therefore, we must have recourse to a specific treatment capable of acting on the system. I have found that in order to effect the cure of scrofulous ulcers, the monesia must be employed internally, for five-and-twenty or forty days, and even longer, according to the case; and this in larger doses, such as four or five grammes (74 or 92 grains) of the extract daily, in the form of pill, tincture, or syrup. In this way I have succeeded in curing or benefiting several scrofulous patients. Here follow two remarkable examples:—

CASE I.—A young man of 17, a printer, born of very healthy parents, came to see me in February, 1839, to have the little finger of his left hand amputated. On looking at the diseased parts, I saw it was a scrofulous affection of only eight months' standing. The first phalanx was much swelled, the soft parts covering it were livid, and there were three fistulous openings in the skin; two corresponding to the dorsal part of the phalanx, and the third to its palmer surface. They were surrounded with callous vegetations of a brownish colour, and communicated with one another by means of subcutaneous fistulous passages. By introducing a blunt probe into the sores, it was easy to reach the bone of the finger, and to ascertain the detachment of the skin and the caries of a portion of the phalanx. The suppuration was serous, yellowish, of a faint odour, and contained some flakes of a substance which seemed carious. Strong pressure of the diseased tissues occasioned hardly any pain. On the back of the hand and the left elbow there was also a swelling of the skin and of the subjacent parts, looking like the little finger. The swelling and livid patch extended from the elbow¹ to the inside of the bend of the arm; its centre was ulcerated, and covered with a thick crust, which, according to the patient's report, was renewed every two or three days.

I began by sprinkling the acrid principle of monesia on the small sores of the finger. After some days' dressing, the swelling of the soft parts began to diminish, and at the end of about twenty days the fistulous openings entirely closed. The diseased tissues at the back of the hand then ulcerated, and the acrid principle being employed as above mentioned, in a few days a cure was effected. There remained only the sore upon the elbow, which had been purposely dressed with cerate. It continued to suppurate, and to be covered from time to time with a fresh crust.

The patient was in this state when I presented him to Dr. Bailly, who had been commissioned by the Academy to report on the effects of monesia. The affection appeared to him to be evidently scrofulous, and the result obtained to be very satisfactory. The disease, however, soon reappeared; the fistula of the finger began to suppurate again; there was swelling and livid redness of the soft parts, with engorgement and induration of the back of the hand; the sore on the elbow became larger and deeper. The patient now entered the hospital of St. Louis, where he had internal medicines as well as fumigations, sulphurous baths, &c. In a month he came out, with the diseased parts in a worse state than ever. I now prescribed the internal use of monesia—namely, twelve pills, each containing 20 centigrammes (3½ grains), and two spoonfuls of the tincture. The sores were dressed with common cerate. Under this treatment the patient was cured in thirty-five days. Nevertheless he continued to take five pills a day till the fiftieth day.

¹ The original here has *cou*, but this must be a misprint for *coude*.—TRANSLATOR.

Since July, the diseased parts have been constantly improving, and a lasting cure may be hoped for. It is right to state, that in this case the preparations of monesia did not cause tenesmus or constipation, although the patient did not employ any purgative; the only thing he complained of was too much appetite.

CASE II.—M. —, æt. 40, who had always enjoyed perfect health, came to France two years ago, and perceived, in the month of April, 1839, that he had an indolent tumour in the left inguinal region. Several physicians of the capital were consulted, and they ascertained that it was a swelling of one of the superficial lymphatic glands, situated in the bend of the groin. On the 21st of the same month, I was also consulted by the patient. The diagnosis was not difficult, but the point was to know how the tumour would turn out. My prognosis was favourable, like that of all the other physicians, excepting M. Lisfranc, who thought that the swelling of the gland, though slight, depended on a general affection. On the 2d of May the groin continued to swell, and from that time all the other glands of that part, as well as of the left iliac fossa, swelled considerably; and this was soon the case with those of the opposite side. Twenty pages would scarcely suffice to tell all that was prescribed by the physicians, and patiently submitted to by M. —. No remedy was of any use, except for a short time; and I therefore proposed monesia, in the dose of 150 centigrammes (28 grains) of the extract a day. The patient at this time was extremely weak, ate but little, and was feverish every day. In a week, digestion had improved; there was a sensible increase of strength, and no fever. The sores were dressed with the monesia ointment. In consequence of these results, I tried to augment the dose of the medicine, and, besides the extract, the patient took two spoonfuls of the tincture, and from four to six of syrup in an infusion of hops. As to the sores, which obviously grew better, the same dressing was continued morning and evening, and every thing promised a speedy cure, when constipation and a most painful tenesmus came on, which obliged us to suspend the treatment. In a few days the sores became larger and larger, fungous, and of a bad appearance.

The dressing was then changed—extract of monesia in powder and the tincture being employed; but these remedies were almost as useless as a host of others which were successively tried. It then seemed clear to me that the internal use of monesia had alone produced the improvement, and its use was accordingly resumed, taking care to make laxatives a part of the treatment. For this purpose the patient had two glasses of Enghien water every morning, and an emollient clyster. In a fortnight, the good effects of the monesia were again perceived; and this was the more to be attributed to its internal use, as the dressing had been performed with simple cerate.

At present, the swelled glands of the groin are softening and disappearing, without any suppuration. Those of the iliac fossa are diminishing in size; the sores have cicatrised, and the disease, far from attacking the lymphatic glands of the other parts of the body, as is commonly the case, is localised, and is much lessened. The patient eats with a good appetite, sleeps well, and takes exercise three hours a day, which makes us hope for a fortunate termination of the disease.

Another result which I have obtained from the use of monesia, and which has been observed by other practitioners likewise, is its action upon the uterus in cases of metrorrhagia. I will give two instances:

CASE III.—Madame —, of a plethoric constitution, was attacked, after the catamenial period, with a flooding, which obliged her to keep her bed and seek for advice. After having employed cold drinks, ligatures on the limbs, cupping-glasses, and other revulsives, without success, I made the patient take five monesia pills, each containing 20 centigrammes (3 grains and 3-5ths). The next morning she was very weak; the skin burning, the pulse scarcely perceptible, the face pale, and the eyes sunken. She had shivering fits from time to time, a sensation of weight in the loins, transient

colic pains, and headach, with sleepiness; and what was more, the hemorrhage did not diminish. I then prescribed twelve pills of extract of monesia to be taken every hour. The discharge stopped the same day, and never returned.

CASE IV.—Madame —, aged 20, who had been married six months, had frequent pains in the loins; and in a few days a flooding came on, which obliged her to keep her bed. The hemorrhage increased, as soon as the patient got up; there was no pain in the abdomen, and no constipation; the pulse was weak and irregular, and from 76 to 80 in a minute. Revulsives, cold and acidulated drinks, clysters of cold water, and compresses dipped in iced water and applied to the thighs, had no effect. The ergot of rye was then employed, but as this excited vomiting, it was discontinued, and pills of the extract of monesia were ordered to be taken every hour, until an effect was produced. After fourteen pills the hemorrhage ceased. The patient then took cold broth at intervals, and in spite of the lightness of this food, the discharge returned in the evening with violence, and again ceased after the exhibition of ten monesia pills.

On the following day, the dose of the medicine was diminished to 75 centigrammes (14 grains), and in six days the patient was quite well.

Quite lately, I employed the acrid principle in powder, in the dose of 15 centigrammes (2 grains and 7-10ths), taken in a prune; it was to stop a uterine hemorrhage, which had suddenly come on during the night; the discharge ceased the same day. But as this case stands alone, additional facts are necessary to prove the power of the acrid principle under such circumstances. In every case, monesia acts in a remarkable manner upon the uterus, when it is not in its natural state. This new medicine may be used in different ways, and it acts on different organs, particularly when they require to be strengthened without too much excitement.

This is confirmed by the following passage from M. Buchez:—

"I have tried the extract of monesia," says this skilful practitioner, "in different affections of the mouth, particularly in inflammation of the gums, and uniformly with advantage. Its application produced a good effect, by almost instantaneously soothing the pain, which often accompanies inflammation. This mode of treatment I have found very successful in the scorbutic swelling of diseased gums, and it has removed affections which had previously resisted other remedies. When caries of the teeth is attended with pain, the application of monesia is sure to remove it in a few moments."

When all the ascertained facts are compared together, one is struck by the very peculiar tonic action of monesia on every organ. As its powers have been tried in more than four hundred cases, we may be allowed to consider monesia as a very useful remedy, under several circumstances, particularly serofulous affections and uterine hemorrhage. Hence the art of healing was made a real acquisition; nor is it to be imagined that this tonic has any analogy with those already known;¹ quite lately a tannin ointment, and monesia ointment were tried and compared with each other, and the advantage was on the side of the latter. Moreover, it is clear that every medicine acts in its own way, and that there cannot be two whose special effects are the same. Well informed practitioners know that one purgative cannot be indifferently substituted for another; that every narcotic has not, in the same degree, the power of soothing and producing sleep; that the action of the various tonics is also very different; and that the general effects of medicines are like the difference of faces; many resemble each other at the first glance, but none can sustain an exact comparison.—*Gaz. Médicale.*

¹ There is some mistake in the original here, "que l'on ne croie pas que ce tonique ait quelque analogie avec ceux déjà connus;" for, granting that its effects are not identical with those of any other tonic, there is a well marked analogy.—TRANSLATOR.

BIBLIOGRAPHICAL NOTICES.

Annual Report of the Ohio Lunatic Asylum.¹

The more we see of the successful results of the establishment of Lunatic Asylums in other states and in other countries, the more do we regret, that the fiscal concerns of Pennsylvania have hitherto prevented her from having a similar institution. In no part of the world is it more needed, and we trust that the philanthropic exertions of those who have interested themselves so deeply, thus far, will not be pretermitted.

The report before us contains the first annual statement of the superintendent, Dr. Awl. The whole number of patients admitted from Nov. 30th, 1838 to Nov. 15, 1839, was 157—87 males and 70 females. Of these 114 were old cases, and 43 recent, (that is, where the duration of the disease was less than one year before the admission of the patient). 125 were paupers; 32 pay patients. Eighty-eight were single; 56 married; 11 widows, and 2 widowers.

The construction of the asylum, we are told, is such as to admit of perfect classification—a most important circumstance; and the straight jacket has never been used—confinement in an appropriate lodge being substituted, which has always been found effectual.

Dr. Brainard's Address to the Medical Graduates of Yale College.²

It is the custom, in the medical department of Yale College, for one of the Board of Examiners for degrees and licenses—not one of the Faculty of the college—to address the candidates. Hence it is not to be expected, that we can always have the production of a practised and finished lecturer. We have, however, drawn the attention of our readers to similar addresses from the same college, which have been extremely creditable to their authors. Dr. Brainard's address, although not without faults in matter and manner, is deserving of commendation, and we doubt not was not without its effect for the time—we wish we could say, that his sound lessons of morality would adhere to his auditors through life. The whole of the odium that rests upon our profession, for their unworthy strifes and breaches of morality, appertain to but a few; yet if any of those few are placed in influential positions, there is no end to the mischief they may give rise to among the young and the ardent. Dr. Brainard's inculcations are unexceptionable. Some of his medical opinions may be less tenable. We cannot, for example, "rejoice" with him, "that there are some specifics," and wish with him that there were more. We know of no remedy, which can be classed as such in the ordinary acceptation of the term. Certainly mercury is not a specific for syphilis; and this would be the strongest example that could be selected. The more we know of the human body, the less shall we be-

¹ Annual Report of the Directors of the Ohio Lunatic Asylum, to the thirty-eighth general assembly. Presented Dec. 5, 1839. 8vo. pp. 31. Columbus, 1839.

² The annual Address to the Candidates for Degrees and Licenses, in the Medical Institution of Yale College, Jan. 21, 1840. By Dyar T. Brainard, M. D., member of the Board of Examination. Published at the request of the Class. 8vo. pp. 16. New Haven, 1840.

lieve in the power of particular agents to destroy particular morbid conditions.

The following brief extract affords a favourable specimen of Dr. Brai-nard's style.

"The profession, gentlemen, which you have chosen, is one of very great responsibility, and it imposes on you great anxiety and great labour, both mental and bodily. Henceforward, if you continue in it, most of your time must be devoted to study and contemplation. With distressing scenes you will have to become familiar—disease will baffle your best laid plans of action, and pestilence which walketh in darkness will set you at defiance. You are doomed to see pain and anguish, misery and death, without the power of affording relief. There is, however, another and more pleasant view of the picture, which will reconcile you to all you may have to encounter. The resources of medicine are great, and you will have the pleasure of seeing numerous diseases submit to your skill. You will enter dwellings where you will see pain and distress, fear and apprehension, and will convert all into ease and happiness—tears into smiles, fear into hope, pain and agony into health and strength. These are the rich rewards for your hard toils and troubles, and they can be gathered in as great abundance from the humblest cot, as from the most splendid mansion. The consciousness of having relieved pain and distress, of having averted imminent danger, and of having cured threatening and violent disease, by prudent and judicious means, is a compensation greater than the opulent can bestow. For this reward, how many do you see, the most eminent in our profession, labouring with the most persevering zeal and the most untiring industry. Their labours, it is true, are for the most part required by the wealthy, but let them get once engaged, and wealth and poverty are immediately forgotten—gold in all its forms loses its power. It can neither advance nor retard them in their pursuit. In this enterprise the young physician can always engage to advantage. In all large towns the poor are his first patients; but let not the proud and haughty sneer. His diligence and attention are more than an equivalent for the extra skill and limited attendance, which his more experienced brother could bestow, and his labour will surely meet with its reward."

Minor troubles you are destined to encounter, and smaller compensation you are destined to receive. You will sometimes be censured when you do right, and applauded when you are entitled to no praise. You will find the majority of mankind not always the best judges of medical ability, and hence it is, that so many pretenders gain reputation and wealth by their cunning and address. This cannot be easily avoided or very cheerfully submitted to; but the best consolation for you will be always so to act, as to be fairly entitled to your own commendation. But however easy this may seem at first view, it will take much exertion on your part to effect it. And the first requisite I shall mention is industry, which will do more for the advancement of any person, than the young and inexperienced will believe. This is a subject, as we all know, which is always held up to them, and for the most part it makes an impression in proportion to their ages, and the older they grow, the firmer will be their belief in it, which is sometimes not fully established, until increased years have rendered its truth of but little consequence to them. All I can say is, the sooner a young man believes it the better.

The effect of this truth has been so great, that many distinguished for high talents and extensive acquirements, have doubted the advantage of genius. Well they may, if they see it go hand in hand with indolence. But industry, to produce its best effect, should be properly directed. The reading of one medical book and then another, in the shortest possible space of time, without regard to system or some definite object, is not the best way of gaining the reward of your labours. A better method is, to take up

a subject and read the best authors, and compare them. Never be in a hurry, but always be attentive, and always have the object of pursuit in view."

MISCELLANEOUS NOTICES.

Preservation of Bodies for Dissection. By THOS. MARSHALL, M. D.¹—Having lately observed in the Medical Gazette an account of some experiments performed by Drs. Babington and Rees, with the view of preserving the human body for the purposes of dissection, a desideratum, which, if attainable, would be of no small moment, not only to the student of anatomy, but also to the practical anatomist; however, the last and best of the experiments described by these gentlemen, appear to be so much loaded with trouble and expense, as to prevent its ever becoming generally useful to either the one or the other.

Permit me, therefore, through your means, to offer to those who desire it, a much more simple, a far less expensive, and equally efficacious remedy for this purpose. When the body is first received into the dissecting-room it must be punctured over the whole surface with acupuncture needles, or the point of a narrow bistoury, scalpel, or scissors, the punctures being made pretty closely together, and deeply over the fleshy part; and, if for a dried arterial or venous preservation, the punctures ought to be made with very fine needles, and after injection; as, if done with bistoury or scissors, the wax, when exposed to heat, exudes from the punctures made in the vessels.

This being done, the body is brushed over with acetic acid—specific gravity 1.048, which must be brushed into it slowly and repeatedly, so that the acid may fully penetrate the innermost parts; a small incision may likewise be made in the thoracic and abdominal parietes, through which a sufficiency of the acid, slightly mixed with water, may be poured.

Repeating the application of the acid to the surface of the body, for six or eight days, will not only preserve it free from putrefaction, but, at the same time, remove incipient greenness, and every species of odour, except the pungent, yet volatile odour of the acid, which, I should think, could be easily borne by the most fastidious student.

The only trials as yet made in the above way, have been, 1st, Catharine Daimond, courtesan, aged 26, cause of death not known, brought into the University dissecting-room on the 18th of May, three days after death, where, being Saturday night, the body lay till Monday morning, when it was placed in warm water for the purpose of arterial injection; after the body had become cold it was punctured with a pair of scissors, then brushed with the acid, as already mentioned; and by night the body (and during the day those parts not being dissected) was covered with damp cloths to prevent evaporation and consequent dryness: after three brushings, the abdominal muscles, which had become perfectly green, were restored to a fine natural colour; and the abdominal cavity, into which the diluted acid had been poured, though not opened for twenty-four days, was quite free from odour or the slightest appearance of putrefaction. The body remained on the table from the 18th of May till the 4th of July, fully exposed to the heat of a powerful sun in a room well lighted from the roof; and had it been necessary, by the same means it might have been preserved soft and beautiful throughout the warmest summer.

2d, John M'Caskle, labourer, aged 45, died 4th of November, in the Royal Infirmary, where the body had been inspected, received into the University dissecting-room on the 6th, where the body lay till the 16th, when the whole of the face, trunk, and upper extremities, became altogether green, and fast

¹ Lond. Med. Gaz., Dec. 20, 1839, p. 472.

tending towards decomposition. On the 16th the discoloured parts were closely punctured with a pair of scissors, and three gills of acetic acid slowly brushed thereon; damp cloths were then placed upon the parts till the 18th, when the acid was again applied. On the 19th the remainder (altogether five gills) of the acid was used, and on the 20th the whole of the parts into which the acid had been brushed were perfectly restored to whiteness; and, indeed, the changed colour of the parts could be easily perceived after each application of the acid, more especially when the cloths were moistened with the acid, and closely applied to the parts.

The dissection of the body was commenced on the 20th November; and, on removing the skin of the face, neck, trunk, &c. small portions of the muscles of the trunk and upper extremities were a little green, but they were firm, and wholly free from odour, which last circumstance formed a broad contrast to the smell of the cranial cavity, where none of the acid had been used; the muscles of the face and neck having undergone less change, were entirely free from colour.

The punctures made in the skin, when large, give the body a somewhat odd appearance, but beyond this they are harmless, as the subjacent parts are thereby not at all injured for common anatomical pursuits; yet, if the cloths are wetted with equal parts of acid and water, and closely applied to the body, the finest long needles may be used; by this means the punctures are hardly perceptible, and two days' application in this way will beautify any subject.

The second subject was undergoing dissolution so rapidly that no student thought it worthy of dissection; however, on beholding the magical influence of the acid in restoring the natural colour and removing incipient putridity, the parts so improved were eagerly sought after.

For the above method of using the acid I am indebted to a pupil of my own, Mr. Daniel Wilson, of the Royal Navy, who, having formerly witnessed my many fruitless and expensive attempts to preserve the body, even for a short period of time, by injecting it with pyrolygneous acid; and, moreover, having seen the antiseptic virtues of this acid fully and beneficially tested within the tropics, by preserving recently killed animal food for an indefinite length of time, was induced to give it a trial, in the manner now described, and the trouble, as already mentioned, was very trifling; and the expense did not exceed, in the first instance, five shillings, in the second, little more than two, although buying the acid at the retail price.

Medical Society of the State of New York.—At the annual meeting of the Medical Society of the State of New York, held at the capital in the city of Albany, on the 4th, 5th and 6th inst., the following gentlemen were elected officers for the ensuing year.

DR. SUMNER ELY, of Otsego, President.

DR. JOHN B. BECK, of New York, Vice President.

DR. PETER VAN OLINDA, Secretary.

DR. PLATT WILLIAMS, Treasurer.

Censors Southern District.—Drs. Edward G. Ludlow, James R. Manley, John C. Cheeseman.

Censors Eastern District.—Drs. Joel A. Wing, Jonathan Eights, Peter Wendell.

Censors Middle District.—Drs. E. B. Burroughs, Augustus Willard, Thomas Goodsell.

Censors Western District.—Drs. Lansing Briggs, Lyman Clary, William Taylor.

Committee of Correspondence.—Dr. Chandler R. Gilman, 1st senate district; Dr. William Horton, 2d do.; Dr. Robert G. Frary, 3d do.; Dr. William Tibbitts, 4th do.; Dr. Thomas Goodsell, 5th do.; Dr. Augustus Willard, 6th do.; Dr. Phineas Hurd, 7th do.; Dr. Henry Maxwell, 8th do.

Permanent Members.—Dr. John McClellan, of Columbia county; Dr. Chas. S. J. Goodrich, of Rensselaer county.

Honorary Members.—Dr. Placido Portal, Palermo, Italy; Dr. George B. Wood, Pennsylvania.

Committee on Prize Questions and Dissertations.—Dr. James McNaughton, Dr. Jonathan Eights, Dr. T. Romeyn Beck, Dr. Robert G. Frary, Dr. Eli Pierce.

Committee of Publication.—Dr. T. Romeyn Beck, Dr. Joel A. Wing, Dr. James McNaughton.

The following were adopted as Prize Questions, and the sum of fifty dollars voted to the successful candidate on each question:

1. The Medical Literature of Cholera Morbus; previous to the appearance of the Epidemic Cholera.

[It is expected that the medical history of cholera morbus in this country will be particularly examined.]

2. An Analysis of the Discoveries concerning the physiology of the Nervous System, from the publications of Sir Charles Bell, to the present time; both inclusive.

[The report of Dr. Wm. Charles Henry (in the 2d vol. of report of the British Association of Science) made on this subject in 1833, may be freely used, but it is required to continue the analysis down to the present time.]

The dissertations must be forwarded to the Secretary, on or before the 1st of January, 1841.

P. VAN OLINDA, Secretary.

Albany, February 17, 1840.

Louisville Medical Institute.—This flourishing Institution, which has been in action but three sessions, counts 204 students:—of these there are from Kentucky, 67; Tennessee, 48; Alabama, 24; Indiana, 18; Mississippi, 15; Illinois, 9; Missouri, 7; Ohio, 7; Virginia, 3; Louisiana, 1; Georgia, 1; South Carolina, 1; North Carolina 1; District of Columbia, 1; and England 1.

Beck's Statistics of Medical Colleges.—Our estimable and distinguished friend Prof. T. Beck, has concluded his statistics of the Medical Colleges of the United States, which will afford valuable data for all future chronographers. They will appear in the Transactions of the Medical Society of New York.

Practical Obstetrics.—*Dr. Warrington.*—The members of Dr. Warrington's practical obstetric class of the Philadelphia Dispensary, have passed resolutions extremely complimentary to the Doctor, and his system of instruction. We shall insert these in our next number.

BOOKS RECEIVED.

From Professor Hooker, of New Haven.—The annual Address to the candidates for degrees and licenses in the Medical Institution of Yale College, Jan. 21, 1840. By Dyar T. Brainard, M. D., member of the Board of Examination. Published at the request of the class. 8vo. pp. 16. New Haven, 1840.

From Professor Short, of Louisville.—Catalogue of the Officers and Students of the Medical Institute of the city of Louisville, Jan. 1, 1840. 8vo. pp. 12. Louisville, 1840.

From Dr. Welch, of Stark, Ohio.—Annual Report of the Directors of the Ohio Lunatic Asylum to the 38th General Assembly. Presented Dec. 5, 1839. 8vo. pp. 31. Columbus, 1839.